



**STATE EMPLOYEE DISPUTE RESOLUTION PROGRAM
CIVIL SERVICE DIVISION
REQUEST FOR VOLUNTARY MEDIATION**

INSTRUCTIONS: Use this form to request mediation for a dispute, which may or may not include yourself. **Disciplinary Actions with Complaint Rights cannot utilize this mediation process.** Please provide the contact information for the people involved in the dispute. For more information, please see Civil Service Division's SEDRP alternate mediation guidelines on our website. This form shall be submitted as an email attachment to CivilServiceDivision@omes.ok.gov.

Requirements for the Nondisciplinary Mediation Program:

1. The Agency HR Director or designee must initiate the request to CSD for a NDV mediation;
2. The Agency HR Director or designee must appear at the mediation with the employees at issue;
3. The Agency HR Director, designee, or employees must provide CSD with a copy of the Agency employee handbook, policy, or rulebook that cites or is related to the primary conflict at least five (5) days before the mediation takes place.
4. The Agency HR Director or designee must provide the CSD with a mediation statement that outlines the primary issue(s) that will be discussed.

CSD will retain the discretion to deny the requested mediation if 1) the requirements above are not met in full; 2) the issues or parties to be discussed are outside of the scope of the nondisciplinary matters; or 3) the issues or parties to be discussed are outside of the scope of the services provided by the Civil Service Division.

MEDIATION TYPE: Are you located farther than 100 miles from the Oklahoma State Capitol Complex and would like to request virtual mediation via Microsoft TEAMS? Yes No

REQUESTOR: Are you requesting mediation for others? ☐ Will you be an active participant? ☐

Name:	
Title:	
Work Address:	
Work Number:	
Email:	

PARTICIPANTS: The participants should be directly involved in the dispute and have the **authority to commit** to decisions and resolutions made at the mediation session. **Witnesses shall not appear or give testimony.**

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Briefly describe the issue(s) of the dispute in the text box below. Be specific on what issues will need to be addressed in the mediation.

SCHEDULING: The requestor is responsible for confirming three available dates that all participants are available for mediation. The start time for all nondisciplinary mediation is at 10 a.m., Monday through Friday, and must be at least 10 business days from the date this document is submitted to the State Employee Dispute Resolution Program.

Please list participants' available dates for mediation (**10 a.m. ONLY**).

Date preference one:

Date preference two:

Date preference three:

CONSENT: Has the requestor contacted the participants and confirmed that they consent to participate in good faith at this mediation session? ☐ Yes ☐ No

Please ensure all fields are complete before submitting this request. Thank you for utilizing the State Employee Dispute Resolution System. We look forward to the opportunity to resolve your conflict.